



LOUISIANA DEPARTMENT OF INSURANCE  
TAX DIVISION  
P. O. Box 94214  
BATON ROUGE, LA 70804-9214  
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<http://www.lidi.state.la.us>

2014 FORM 1262.1  
APPROVED UNAUTHORIZED INSURER  
PRODUCER PRODUCTION REPORT  
FOREIGN

DUE APRIL 15, 2015

<b>I. Insurer Information:</b> <i>(In addition, please complete the Address &amp; Contact Information Addendum)</i>			NAIC Number
Insurance Company Name		Contact Person Name	
Address		Contact Person Title	
		Contact Person E-Mail Address	
		Contact Person Phone Number	
2014 Annual Louisiana # Policies Written	2014 Annual Louisiana Premium Written	Spreadsheet Included? <input type="checkbox"/> Yes <input type="checkbox"/> No	Annual Statement Date
<b>NOTICE: IF PREMIUM AND POLICIES WRITTEN EQUAL ZERO, COMPANY DOES NOT HAVE TO FILE SPREADSHEET.</b>			

**II. Statutory Requirements:**

Louisiana Revised Statutes 22:436 B(1)(d) states the following:

- B.(1) *To obtain and maintain placement on the list of approved unauthorized insurers, a foreign insurer shall comply with the provisions of R.S. 22:435 applicable to foreign insurers and shall annually file with the commissioner the following:*
- (d) *A copy of the producer production report in a form required by the commissioner listing all business placed with the company by licensed surplus lines brokers. The report shall be filed with the Department of Insurance no later than April fifteenth of each year.*

**III. Filing Requirements:**

In order to comply with the filing requirement in L.R.S. 22:436 B(1)(d), all foreign approved unauthorized insurers must comply with the following instructions concerning the filing and format of the Producer Production Report:

1. Filing Instructions:

The Producer Production Report (PPR) and all required attachments are due to be filed annually on or before **April 15**. In addition, all unauthorized insurers currently on the "white list" must pay an annual **\$1,050.00** fee by **March 1** per L.R.S. 22:821B(17). The fee **must** be mailed to the attention of the **Tax Division** at the address listed on the top of this form. The PPR must be emailed to [taxdivision@ldi.state.la.us](mailto:taxdivision@ldi.state.la.us)

2. Producer Production Report – **Required Attachments:**

- A copy of Schedule T of Annual Statement
- A copy of Louisiana Page 19 of Annual Statement (statutory page 14) - Exhibit of Premiums and Losses

3. Producer Production Report Format and Requirements:

The total premium reported on the producer production report must reconcile with the total premium reported for Louisiana on Schedule T and Page 15 of the Annual Statement. PPR information must be filed via e-mail to [taxdivision@ldi.state.la.us](mailto:taxdivision@ldi.state.la.us) in a **spreadsheet** format (i.e. Excel). The PPR must include the information requested in Table A and Table B on page 2 of this form in the order it appears with no exceptions. Do not use passwords or other security measures to protect data on the spreadsheet. The data must be available for analysis by the Louisiana Department of Insurance.

**TABLE A**    **Producer Production Report Header** - list only once and at the top left position on the spreadsheet.

DATA ROW DESCRIPTION	CONTENT TYPE
NAIC NUMBER	NUMERIC
INSURANCE COMPANY NAME	TEXT
COMPANY ADDRESS	ALPHANUMERIC
COMPANY CITY, STATE AND ZIP CODE	ALPHANUMERIC
INSURER CONTACT PERSON NAME	TEXT
INSURER CONTACT PERSON TITLE	TEXT
INSURER CONTACT PERSON PHONE NUMBER	NUMERIC
ANNUAL STATEMENT YEAR	NUMERIC

**TABLE B**    **Producer and Policy Information** - list data horizontally across spreadsheet for each policy or amendment to each policy allocated to Louisiana.

COLUMN HEADINGS & DATA ROW DESCRIPTION	COLUMN CONTENT TYPE
PRODUCER NAME	TEXT
LOUISIANA LICENSED SURPLUS LINES BROKER (Y/N) <sup>1</sup>	TEXT
LOUISIANA LICENSED SURPLUS LINES BROKER NUMBER	NUMERIC
PRODUCER ADDRESS	TEXT
PRODUCER CITY	TEXT
PRODUCER STATE	TEXT
PRODUCER ZIP CODE	NUMERIC
PRODUCER PHONE NUMBER	NUMERIC
POLICY NUMBER	ALPHANUMERIC
POLICY EFFECTIVE DATE	MMDDYY (NUMERIC)
POLICY EXPIRATION DATE	MMDDYY (NUMERIC)
CERTIFICATE NUMBER <sup>2</sup>	ALPHANUMERIC
CERTIFICATE EFFECTIVE DATE <sup>3</sup>	MMDDYY (NUMERIC)
CERTIFICATE EXPIRATION DATE <sup>3</sup>	MMDDYY (NUMERIC)
INSURED NAME	TEXT
INSURED ADDRESS	ALPHANUMERIC
INSURED CITY	TEXT
INSURED STATE	TEXT
INSURED ZIP CODE	NUMERIC
NET PREMIUM <sup>4</sup>	NUMERIC (INCLUDE CENTS, WITH DECIMAL".")

- <sup>1</sup> Enter "Y" if Producer is a Louisiana licensed surplus lines broker. Enter "N" if Producer is not licensed in Louisiana as a surplus lines broker. Never leave field blank; if uncertain whether Producer is licensed in Louisiana, enter "N".
- <sup>2</sup> Enter certificate number if and only if policy number listed above applies to a master policy. The master policy number must be entered in the policy number field for the certificate field to be valid. If a master policy has no expiration date, enter 000000 in the field provided for the policy expiration.
- <sup>3</sup> Enter certificate dates only if certificate number field is completed.
- <sup>4</sup> For the PPR, net premium is the itemized premium items that when summed equal the total premium reported on the Annual Statement Schedule T for Louisiana. If net premium is a negative amount, place a minus sign (-) in front of the amount.

NAIC NUMBER: COMPANY NAME:

### General Reporting Information

- ▶ Use " / or - " for all dates.
- ▶ Phone numbers should include area code.
- ▶ Identify negative amounts by placing a minus sign (-) in front of the amount.

The following checklist summarizes all of the filing requirements for the Louisiana Department of Insurance, Tax Division:

**DUE MARCH 1, 2015 via mail**

☐ \$1,050.00 ANNUAL FEE

**DUE APRIL 15, 2015 via email**

☐ FORM 1262.1 – COMPLETED with addendum

☐ Spreadsheet  
(Formatted according to Tables A & B, Page 2)

☐ COPY OF ANNUAL STATEMENT SCHEDULE T

☐ COPY OF ANNUAL STATEMENT LA. PAGE 19

### Certification

I, \_\_\_\_\_, do hereby certify that I am  
Name and Title

an officer of \_\_\_\_\_, and the information reported on  
Insurer's Name

this form is complete, true, and accurate and is representative of compliance with L.R.S. 22:432, 435, and 436 to the best of my knowledge, information, and belief:

\_\_\_\_\_  
Officer of Insurer

\_\_\_\_\_  
Date

## ADDRESS AND CONTACT INFORMATION ADDENDUM

<b>DOMICILE ADDRESS:</b> Below give the domiciliary address of the insurer.		
Address:		
City:	State:	Zip:

<b>MAILING ADDRESS:</b> Below give the mailing address of the insurer.		
Address:		
City:	State:	Zip:

<b>ADMINISTRATIVE OFFICE ADDRESS:</b> Below give the physical address of the main administrative office of the insurer.		
Address:		
City:	State:	Zip:

<b>PRIMARY CONTACT:</b> Below give the name, address, phone number and email address for the primary contact person with whom this Department should communicate.		
Name:		
Address:		
City:	State:	Zip:
Phone Number:		Email Address:

<b>COMPLAINT CONTACT:</b> Below give the name, address, phone number and email address for the contact person to whom consumer complaints should be directed.		
Name:		
Address:		
City:	State:	Zip:
Phone Number:		Email Address:

<b>WEB ADDRESS:</b> If the insurer maintains a web site, give the URL or World Wide Web address of the site.

